

ARIZONA STATE RETIREMENT SYSTEM (ASRS) AFFIDAVIT OF MILITARY SERVICE INSTRUCTIONS

Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-Free (800) 621-3778 Fax (602) 240-2096 www.azasrs.gov

Revised: 07/06/12

Return the completed affidavit, a copy of your official military service record (i.e. DD214 or the Point History Statement) and evidence of an honorable discharge to the ASRS within 90 calendar days of submitting your purchase request. The ASRS will mail you a cost invoice within approximately 15 business days of receiving a properly completed affidavit and all required documentation.

Restrictions

- You must have at least 5 years of credited service and be actively contributing to the ASRS or be on ASRS Long Term Disability to initiate a request.
- You may only purchase a total of 5.0 years of active duty military service.
- Ready Reserves time when you did not participate in meetings or drills is not eligible for purchase.
- If you are receiving or are eligible to receive a Regular Active Duty Retirement based on continuous active duty throughout your career, you cannot purchase your active duty military service.
- If you are receiving or are eligible to receive a Non-regular Reserve/Guard Retirement that takes into account both
 active duty and time served in the Reserve/National Guard you can purchase the time you attended meetings and/or
 drills but cannot purchase the active duty military service.
 - Please note: Military personnel are considered eligible to receive a retirement once they have attained 20 or more years of active/reserve duty.
- The service listed on the affidavit must be supported by the official military record submitted.
- Only service from which you were honorably separated may be purchased. Evidence of the honorable discharge must be submitted.
- Service that overlaps with previously earned or purchased time may not be purchased.
- Do not list Military Call-up service on this affidavit. To receive credit for your Military Call-up service contact your employer, provide them with a copy of your DD214 and request they complete the ASRS *Military Call-up* form.

Filling Out The Affidavit

SECTION 1 – Member Information

- Fill in your personal information.
- Enter the branch of military in which you served.
- Select each applicable type of military service (multiple types may be listed on one affidavit).

SECTION 2 - Dates of Military Service

- List service by ASRS fiscal years (July 1 June 30). Use a 20xx-xx format (ex: 2001-02).
- List each fiscal year on a separate line.
- Place an "x" or "√" for each month worked. You must have worked at least one day or attended at least one drill or assembly in each month.
- If you are unable to verify your military service, contact your local Veteran's Administration office to obtain information on how to request an official military service record such as a DD214 or a Point History Statement.

SECTION 3 - Verification of Honorable Discharge and Service

- Attach evidence of an honorable discharge to the affidavit then place an "x" or "√" by statement A.
- Attach an official military service record to the affidavit then place an "x" or "√" by statement B.

SECTION 4 – Verification of Retirement Benefits

- If you did NOT retire or are NOT eligible for a military retirement for the time period listed in Section 2, then check the box beside statement A and proceed to Section 5.
- If you did retire or are eligible for a military retirement, check the box beside statement B and initial the one proceeding statement that applies to you.

SECTION 5 - Statements of Understanding, Signature, and Notary

- Carefully read each statement of understanding. Your signature certifies that you have read and understand all of the statements.
- The affidavit must be signed and notarized.

Contact Us

If you have any questions, please contact an ASRS Member Services representative by e-mail at askmac@azasrs.gov, or by phone at (602) 240-2000 in Phoenix, at (520) 239-3100 in Tucson, or at 1 (800) 621-3778 outside metro Phoenix or Tucson.



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COMPLETE AND SEND TO:ASRS - Member Services PO Box 33910 Phoenix, AZ 85067-3910 Phoenix (602) 240-2000 Tucson (520) 239-3100 Toll-free (800) 621-3778 www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 - N	/lember	Informat	ion										
Social Security Nur	Social Security Number			Member Name (Last)				(First)				Middle Initial	
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							,						
Branch of the Military							Type of Military Service (Select all that apply.)						
							☐ Active Duty ☐ Active Reserve Duty						
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SECTION 2 – Dates of Military Service (List each fiscal year on a separate line.)													
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Fiscal Year					Cite	CK Cacilli	ilonun sei	veu.					
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format)	· · · ·						V 3.				,		
ex: 2001-02			X	X	X	X							
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For additional	TISCAI Y	ears you	must co	mpiete a	a new att	ridavit in	ı its entir	ety.					
SECTION 3 - \	/erificati	on of Ho	norable	Dischar	ge and S	Service							
SECTION 3 – Verification of Honorable Discharge and Service I have attached both of the following with this affidavit:													
A. Proof of honorable discharge for each type of military service listed on this affidavit (certification of													
retirement is acceptable for proof of honorable discharge). AND													
B. Official military service record that supports all service listed on this affidavit (i.e. DD214 or the Point History Statement).													

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Social Security Number	Member Name (Last)	(First)	(First)								
SECTION 4 – Verification of Retirement Benefits from Prior Military Service											
Check either A or B											
A.											
If you checked B, complete and initial only the statement below that applies to you.											
I am receiving or am eligible for a Regular Active Duty Retirement.											
I am receiving or am eligible for a Non-regular Reserve/Guard Retirement.											
I am receiving or am eligible for a Medical Retirement.											
SECTION 5 – Statements of L	Jnderstanding, Signature	, and Notary									
	Statements	of Understanding									
 By my signature below, I certify that I have read and understand the following: Any person who knowingly makes any false statement, or who falsifies or permits to be falsified any record of the retirement plan with an intent to defraud the plan is guilty of a class 6 felony per Arizona Revised Statutes § 38-793. This transaction is subject to audit. If any errors or misrepresentations are discovered as a result of an audit, my total credited service with the ASRS will be adjusted as necessary, and if I am retired, my retirement benefit will also be adjusted. The service listed on this affidavit does not include time that I either volunteered or was ordered into active military service as part of a Military Call-up which requires a Military Call-up form to be completed by my employer. Time I have listed on this affidavit for Reserve or National Guard time reflects the months that I attended one drill or assembly for each month listed. 											
Mambar Circatura	Signatu	re and Notary	Doto								
Member Signature			Date								
State of Arizona)									
County of)									
On this day of	, 20	, before me personally ap	peared								
satisfactory evidence to be the persabove/attached document.		me of signer), whose identity d to this document, and who a									
(seal)											
		Notary Public									